Ofsted Number: 144836

ST AUGUSTINE'S CATHOLIC PRIMARY SCHOOL

Kent Catholic Schools Partnership

EDEN CLUB BOOKING FORM – TERM 2 2026

I would like my child …… Class: …….

to attend the following sessions (*Please tick as appropriate*):

	MON	TUES	WED	THURS	FRI	
November	2	3	4	5	6	WEEKLY TOTAL
Before School (7.30 – 8.45am) £7						
After School (3.25 – 6.00pm) £15						
November	9	10	11	12	13	WEEKLY TOTAL
Before School (7.30 – 8.45am) £7						
After School (3.25 – 6.00pm) £15						
November	16	17	18	19	20	WEEKLY TOTAL
Before School (7.30 – 8.45am) £7						
After School (3.25 – 6.00pm) £15						
November	23	24	25	26	27	WEEKLY TOTAL
Before School (7.30 – 8.45am) £7						
After School (3.25 – 6.00pm) £15						
November/December	30	1	2	3	4	WEEKLY TOTAL
Before School (7.30 – 8.45am) £7						
After School (3.25 – 6.00pm) £15						
December	7	8	9	10	11	WEEKLY TOTAL
Before School (7.30 – 8.45am) £7						
After School (3.25 – 6.00pm) £15						
December	14	15	16	17	18	WEEKLY TOTAL
Before School (7.30 – 8.45am) £7						
After School (3.25 – 6.00pm) £15						
					Before School: Total for Term	£
					After school: Total for Term	£

Please ensure that you keep a copy of this form for your own reference/records.
Payment in full is due by Friday, 6 November.

Please return this booking form to the school office by **Wednesday, 14 October**. Booking forms handed in after this date are not guaranteed to be upheld and your child may be placed on a waiting list.

Please turn over to read and sign our Parental Agreement Form regarding payment of fees and going home arrangements for your child. Please note that, by signing this form, you agree to our Wrap Around Care Terms and Conditions as published on the school's website.

PARENTAL AGREEMENT

A full copy of our **Wrap Around Care** Terms & Conditions can be found on our website or, alternatively, please request a copy from the school office. If there is any other information relevant to your child(ren) that you wish to inform us of, please include details on this form or speak to someone in the office.

FEES:

- Money to be paid in full, in advance, via your ParentPay account no later than the date stipulated on the booking form. Bookings are only guaranteed once payment has been received. **The school reserves the right to exclude children on the non-payment of fees; you will be given one week's written notice.**
- **No refunds will be given for non-attendance due to sickness or other absences or for sessions only partially attended**.

ATTENDANCE:

- Children should be walked to the entrance of the school and signed into Breakfast Club **no earlier than 7.30am.**
- All children should be collected from the After School Club **no later than 6pm**. A late penalty fee of £10.00 per 30 minute period, or part thereof, will be charged for late collection.

EMERGENCY/MEDICAL:

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed…… (Parent / Carer) Name ……

GOING HOME ARRANGEMENTS

Details of those with legal responsibility:	
Parent/Guardian Name: Mobile: Work: Home:	Parent/Guardian Name: Mobile: Work: Home:
Please include the names of the friends/family/childminders etc. who have your permission to collect your child on your behalf, in your absence:	
Name: Relationship to child:	Telephone Number:
Name: Relationship to child:	Telephone Number:
Does your child have a medical condition/food allergy that we need to be aware of?	Yes/No (delete as appropriate). If yes please provide further details:
Does your child have a medical care plan in place at school?	Yes/No (delete as appropriate)

Your child will not be dismissed to anyone other than those named above. If your list of people permitted to collect your child changes, please put these changes in writing and send to the school office.